

FIG. 1.

CLAIMANT DATA DATABASE  
 REPORT DATABASE  
 BILLING UNIT  
 PAYOR ONLINE SECURE ORDERING UNIT  
 DISPATCH UNIT  
 REPORT GENERATION UNIT  
 QUALITY ASSURANCE UNIT  
 CLAIMANT DATA DATABASE  
 REPORT DATABASE  
 BILLING UNIT  
 PAYOR ONLINE SECURE ORDERING UNIT  
 DISPATCH UNIT  
 REPORT GENERATION UNIT  
 QUALITY ASSURANCE UNIT

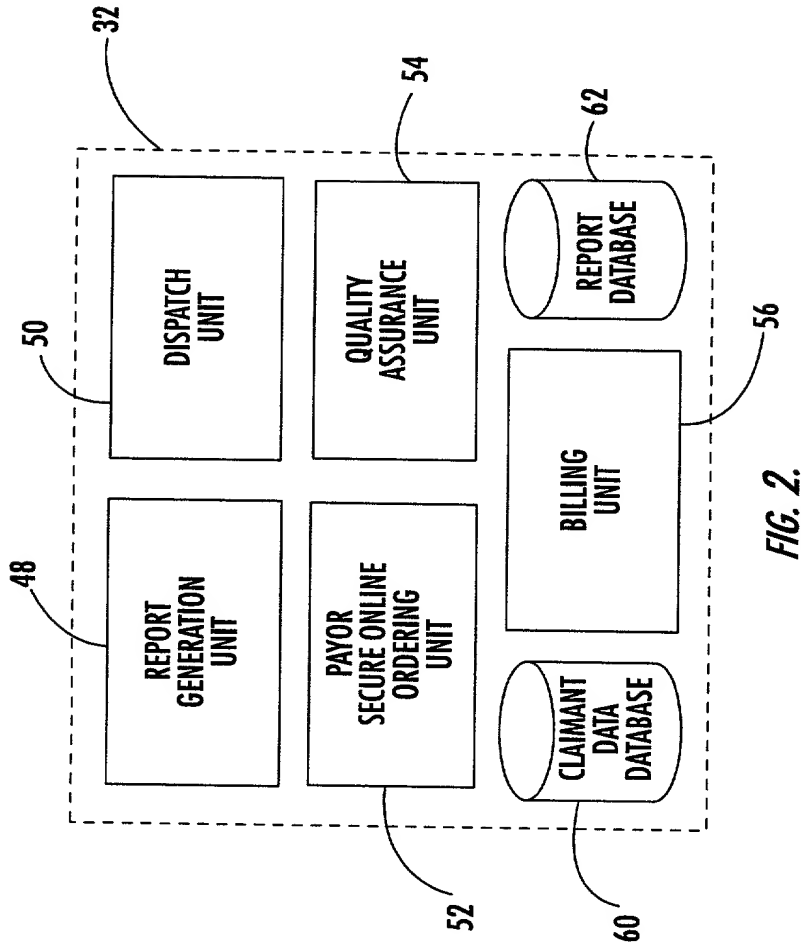
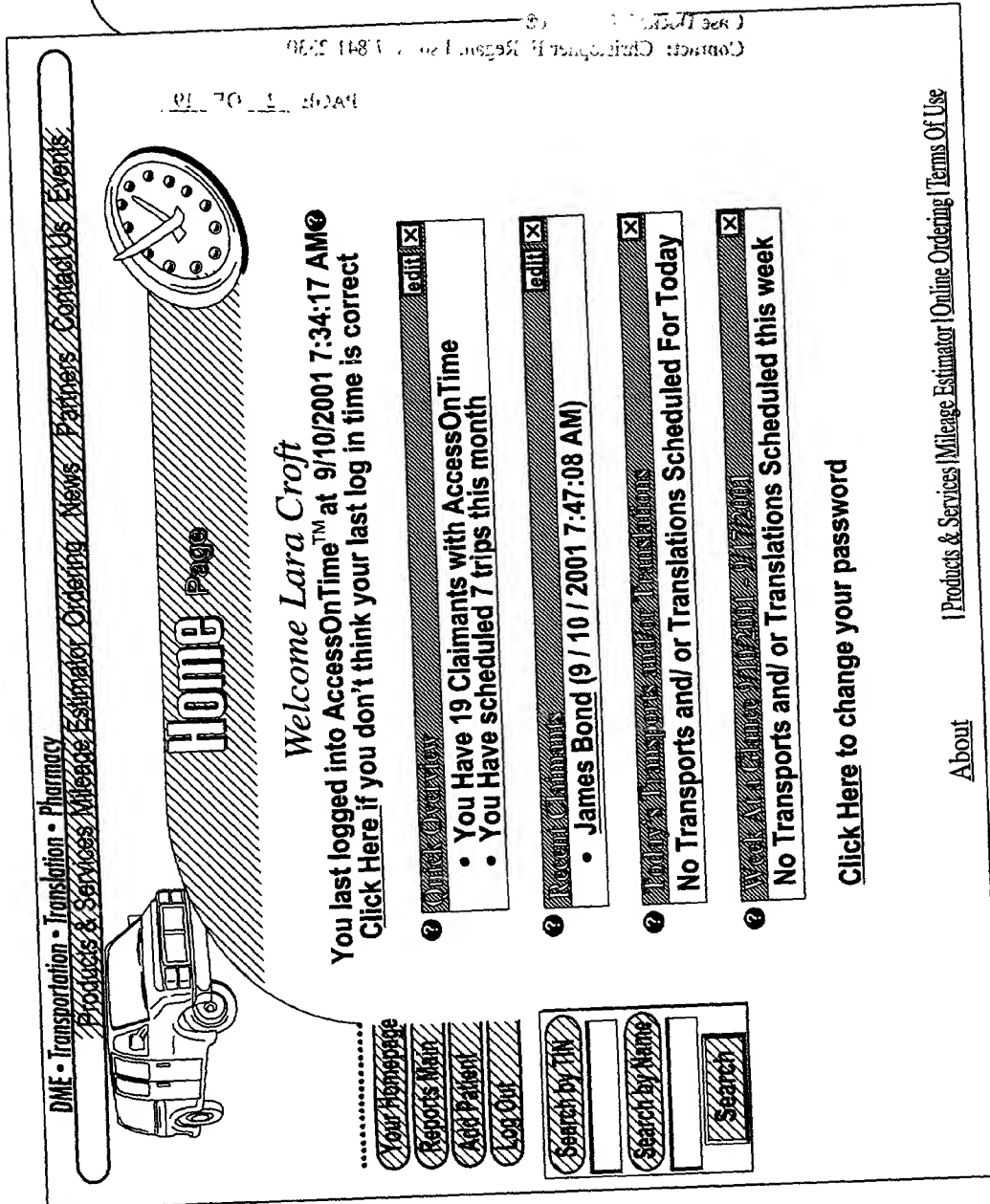


FIG. 2.

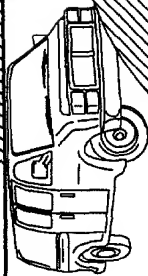
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FIG. 3



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### Report Transports By Types Report for Lara Croft

Transport Type	# of Trips	# Miles	Avg Miles	Billed Amount	Avg Bill
Not Recorded	14	0	0	\$0.00	\$0.00
Ambulatory+	12	0	0	\$0.00	\$0.00
Air-Ambulance	1	0	0	\$0.00	\$0.00
Ambulatory	1	0	0	\$0.00	\$0.00

### Report Trips By Transports This Month Report for Lara Croft

Transport Type	# of Trips	# Miles	Avg Miles	Billed Amount	Avg Bill
Ambulatory+	6	0	0	\$0.00	\$0.00
Ambulatory	1	0	0	\$0.00	\$0.00

### Report Trips By Transports Last Month Report for Lara Croft

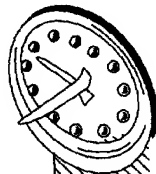
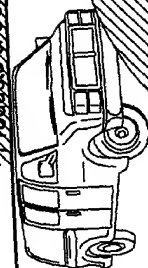
Transport Type	# of Trips	# Miles	Avg Miles	Billed Amount	Avg Bill
Ambulatory+	6	0	0	\$0.00	\$0.00

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Search by TIN  
  
 Search by Name

FIG. 4.

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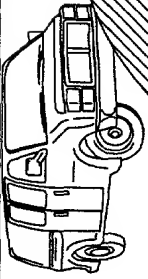
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Transports By Claimant(Historical)  
Report for Lara Croft

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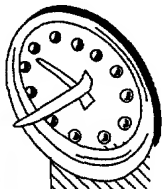
Search by TN  
  
Search by Name

Claimant Name	# Trips	# Miles	Avg Miles	Filed Amount	Avg Bill
Austin Powers	1	0	0	\$0.00	\$0.00
Benjamin Sisko	1	0	0	\$0.00	\$0.00
Emma Peel	1	0	0	\$0.00	\$0.00
Emma Xeed	1	0	0	\$0.00	\$0.00
Hans Solo	1	0	0	\$0.00	\$0.00
Indiana Jones	1	0	0	\$0.00	\$0.00
Jean-Luc Picard	2	0	0	\$0.00	\$0.00
Kathryn Janeway	1	0	0	\$0.00	\$0.00
Leonard McCoy	1	0	0	\$0.00	\$0.00
Mister Spock	1	0	0	\$0.00	\$0.00
Princess Leah	1	0	0	\$0.00	\$0.00
Remington Steel	1	0	0	\$0.00	\$0.00
William Riker	1	0	0	\$0.00	\$0.00
James Kirk	1	0	0	\$0.00	\$0.00
Hans Solo	1	0	0	\$0.00	\$0.00
James Bond	10	0	0	\$0.00	\$0.00
Seven of Nine	1	0	0	\$0.00	\$0.00
James Zee	1	0	0	\$0.00	\$0.00

FIG. 5.



# Real Time Data



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## Transports By Employer(Historical) Report for Lara Croft

Employer	# Trips	# Miles	Avg Miles	Billed Amount	Avg Bill
Not Recorded	11	0	0	\$0.00	\$0.00
Logicon	10	0	0	\$0.00	\$0.00
Cadbury	7	0	0	\$0.00	\$0.00

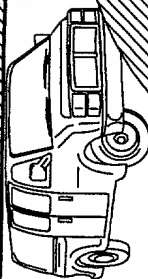
## Transports By County(This Month) Report for Lara Croft

Employer	# Trips	# Miles	Avg Miles	Billed Amount	Avg Bill
Logicon	4	0	0	\$0.00	\$0.00
Cadbury	3	0	0	\$0.00	\$0.00

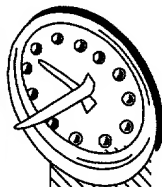
## Transports By Employer(Last 4 Months) Report for Lara Croft

Employer	# Trips	# Miles	Avg Miles	Billed Amount	Avg Bill
Logicon	6	0	0	\$0.00	\$0.00
Cadbury	1	0	0	\$0.00	\$0.00

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## Cost of Mileage Savings(Historical)

# Report for Lara Croft

\*The figures which appear within this page are solely based upon the cost of mileage alone calculated by the contracted rates that your institution has with Access Transportation. Any tiered or discounted calculations do NOT appear within these figures.

Trans Type	Usual & Customary Cost	Contracted Mileage Cost	Savings
------------	------------------------	-------------------------	---------

Cost of Mileage Savings (Last 4 Months)

## Report for Lara Croft

Trans Type	Usual & Customary Cost	Contracted Mileage Cost	Savings
			\$0.00

**\$0.00**

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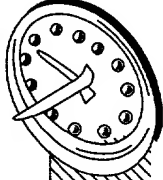
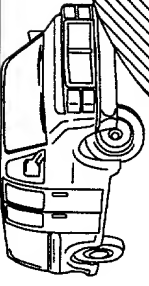
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## Claimant List

### Report for Lara Croft

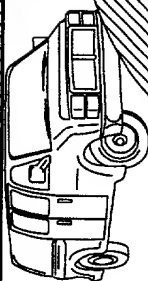
James Bond 2012 Maitland Blvd MAITLAND, FL 32751 Home Phone: (407) 123-1234 Work Phone: (407) 456-4567 SSN: 599-81-6131	Kathryn Janeway 333 The Good Place Longwood, FL 32750 Home Phone: Work Phone: SSN: 699-81-6135
Indiana Jones 2012 East Way MAITLAND, FL 32751 Home Phone: (407) 123-1234 Work Phone: (407) 456-4567 SSN: 599-81-6134	James Kirk 756 Red Road MAITLAND, FL 32751 Home Phone: (407) 123-1234 Work Phone: (407) 456-4567 SSN: 499-81-6126
Princess Leah 55 Yellow Yard MAITLAND, FL 32751 Home Phone: (407) 123-1234 Work Phone: (407) 456-4567 SSN: 599-81-6135	Leonard McCoy 212 Sherwood Forest Maitland, FL 32751 Home Phone: Work Phone: SSN: 699-81-6138
Seven Of Nine 111 Purple Place MAITLAND, FL 32751	Emma Peel 87 Test Street , 75





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## Report Transports By ICD-9(Historical)

Report for Lara Croft

Code/Desc	\$ Trips	\$ Avg Miles	Billed Amount	Avg Bill
922.3 922.3 - CONTUSION OF BACK	17	0	\$0.00	\$0.00
Not recorded	11	0	\$0.00	\$0.00

## Report Transports By ICD-9(This Month)

Report for Lara Croft

Code/Desc	\$ Trips	\$ Avg Miles	Billed Amount	Avg Bill
922.3 922.3 - CONTUSION OF BACK	7	0	\$0.00	\$0.00

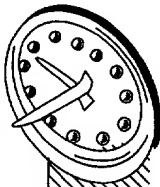
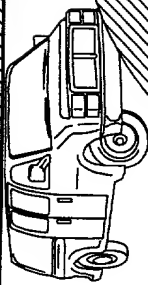
## Report Transports By ICD-9(Past 4 Months)

Report for Lara Croft

Code/Desc	\$ Trips	\$ Avg Miles	Billed Amount	Avg Bill
922.3 922.3 - CONTUSION OF BACK	7	0	\$0.00	\$0.00

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## Trip Records

Transportation and/or Translation Records for James Bond ②



<a href="#">9/5/2001 Ambulatory TripID - 0</a>	<a href="#">9/5/2001 Ambulatory+ TripID - 0</a>
<a href="#">9/3/2001 Ambulatory+ TripID - 0</a>	<a href="#">9/1/2001 Ambulatory+ TripID - 0</a>
<a href="#">8/31/2001 Ambulatory+ TripID - 0</a>	<a href="#">8/29/2001 Ambulatory+ TripID - 0</a>
<a href="#">8/27/2001 Ambulatory+ TripID - 0</a>	<a href="#">8/24/2001 Ambulatory+ TripID - 0</a>
<a href="#">8/22/2001 Ambulatory+ TripID - 0</a>	<a href="#">8/20/2001 Ambulatory+ TripID - 0</a>

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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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**Claimant**

☐ Check for a New Transport or Translation for This Claimant  
☐ View Scheduled Transports and/or Translation for This Claimant  
☐ Order Medical Equipment and/or Ancillary Services For This Claimant  
☐ Add Special Instructions and/or Notes For This Claimant  
☐ View any Instructions and/or Notes You Have Made For This Claimant

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Search by TIN  
 Search by Name  
 Search

Claimant SSN: 599-81-6131

\* Denotes a required field

First Name:  \* MI   
 Last Name:  \*  
 Address:   
 Enter a Zip Code, click the button, and Access On Time™ will fill in the city, state, county, and timezone  
 Zip   
  
 City  State   
 County   
 Employer   
 Empl. Addr   
 Enter a Zip Code, click the button, and Access On Time™ will fill in the city, state, county, and timezone  
 Employer Zip   
  
 City  State   
 County   
 Time Zone   
 Phone Numbers  
 Home  Work   
 Pager  Other

Payer Source Information	
<input type="button" value="Select Payer Source"/>	
Company Name	<input type="text" value="Florida Healthcare Netw"/>
Billing Address	<input type="text" value="2301 N. Orange Ave"/>
City	<input type="text" value="Orlando"/>
State	<input type="text" value="FL"/>
Zip	<input type="text" value="32804"/>
Phone	<input type="text" value="4078962595"/>

Adjuster Assignment	
<input type="button" value="Assign An Adjuster"/>	
Adjuster	<input type="text" value="Lara Croft"/>

Case Manager Assignment	
<input type="button" value="Assign A Case Manager"/>	
Case Manager	<input type="text" value="Frodo Baggins"/>

Claim Record	
Claim Nbr	<input type="text" value="12345678"/> ?
Authorization Nbr	<input type="text"/>
Date Of Injury	<input type="text" value="1/1/2001"/>
Claim Expires On	<input type="text" value="12/31/2002"/>
ICD-9 Code	<input type="text" value="922.3"/> <a href="#">Click Here for ICD-9 Finder</a>
ICD-9 Description	<input type="text" value="922.3-CONTUSION OF BACK"/>


FIG. 13.

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**NEW**

Transport/or Translation For James Bond



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Special Notes/Instructions For This Transport and/or Translation

Note: Any changes to claimant address information during transport/translation scheduling will not affect the claimant record in the database. For permanent claimant address changes, make the changes to the Claimant Record.

Transport/Translation Origination

**Origination**

?

OR

?

OR

?

Name

Dept(Qualifier)

Addr

City  ST  Zip

Phone  County

FIG. 14.

## Transport/Translation Destination

Destination

**Fill Destination With Claimant Home Info** ?

OR

**Fill Destination With Claimant Work Info** ?

OR

**Select A Facility for the Destination** ?

Name

Dept(Last Name)

Addr

City

ST

Zip

Phone

County

- ☒ Create a Return Transport from the destination to the origination
- ☐ There is another destination to this Transport
- ☐ Single Destination Transport

**Book This Transport and/or Translation**

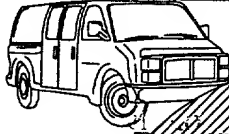
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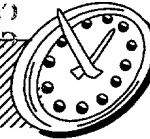
FIG. 15.

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Recap



## Transport and/or Translation Recap

Add Instructions and/or Notes to This Record ⓘ

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Claimant Information		Transportation Billing Information	
Name:	James Bond	Billing Date:	
SSN:	599-81-6131	Invoice Nbr:	
Claim ID:	12345678	Bill Amt:	
Phone:	(407) 123-1234		

Called In By:	lcroft@demoaccounts	Scheduled:	8/24/2001 9:14:35 AM
Dispatched:		Confirmation:	

Transport Type:	Ambulatory	Translation:	None
Status:	Scheduled	Service Date:	9/5/2001

## LEG INFORMATION

Leg Nbr 1	
Pickup time	Appt Time 1:00:00 PM
Origination	Destination
James Bond	Health South-Coral Sprgs-2804
2012 Maitland Blvd	2804 N. University Drive
MAITLAND, FL 32751	Coral Springs, FL 33071
(407)123-1234	954-227-8040

Leg Nbr 2	
Pickup time	Appt Time 1:00:00 PM
Origination	Destination
Health South-Coral Sprgs-2804	James Bond
2804 N. University Drive	2012 Maitland Blvd
Coral Springs, FL 33071	MAITLAND, FL 32751
954-227-8040	(407)123-1234

Leg Nbr 3	
Pickup time	Appt Time 1:00:00 PM
Origination	Destination
James Bond	Zeal Dr.-Pembroke Pines, FL
2012 Maitland Blvd	601 N. Flamingo Drive
MAITLAND, FL 32751	Pembroke Pines, FL 33071
(407)123-1234	(954)476-8800

FIG. 16.



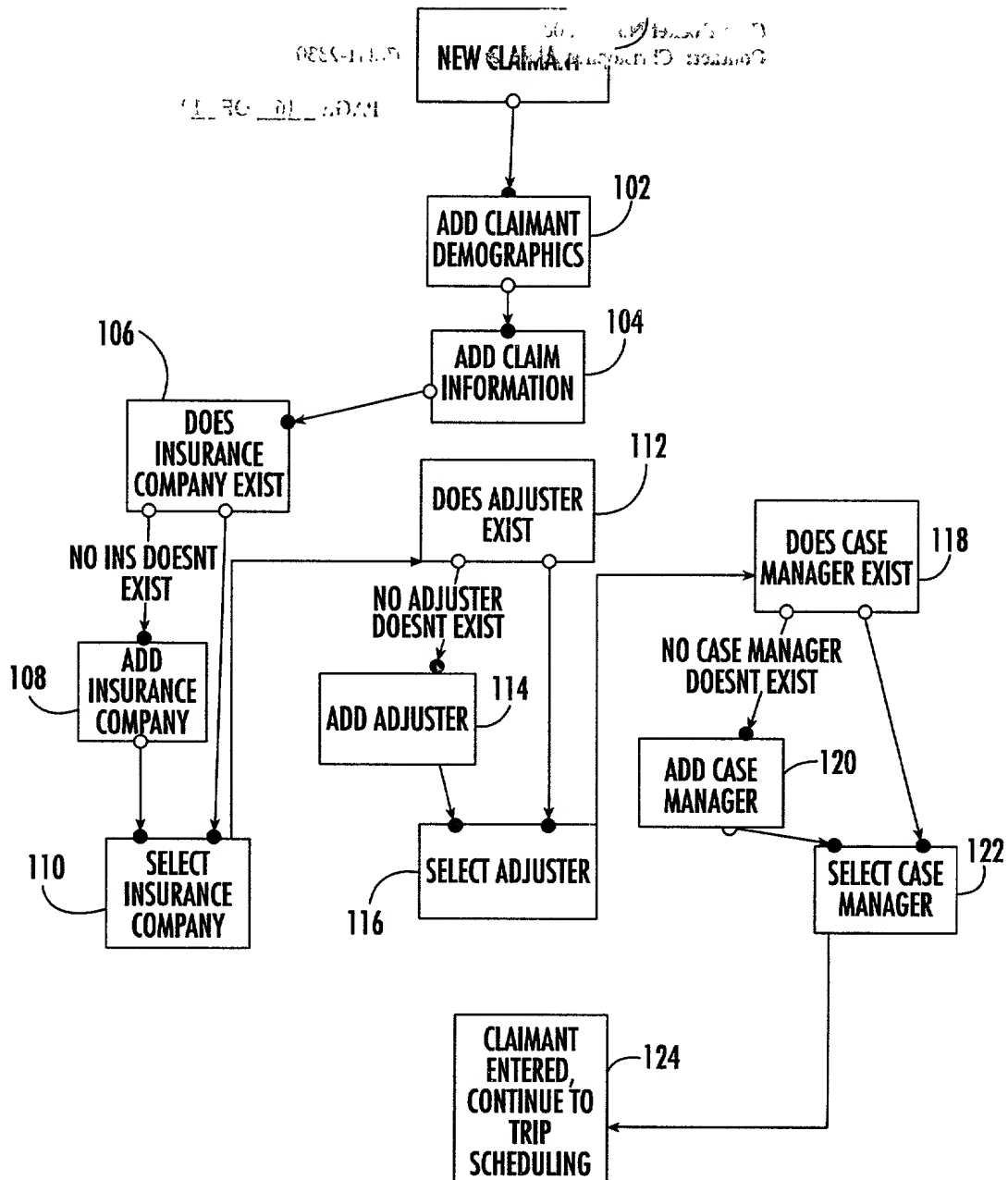


FIG. 17.

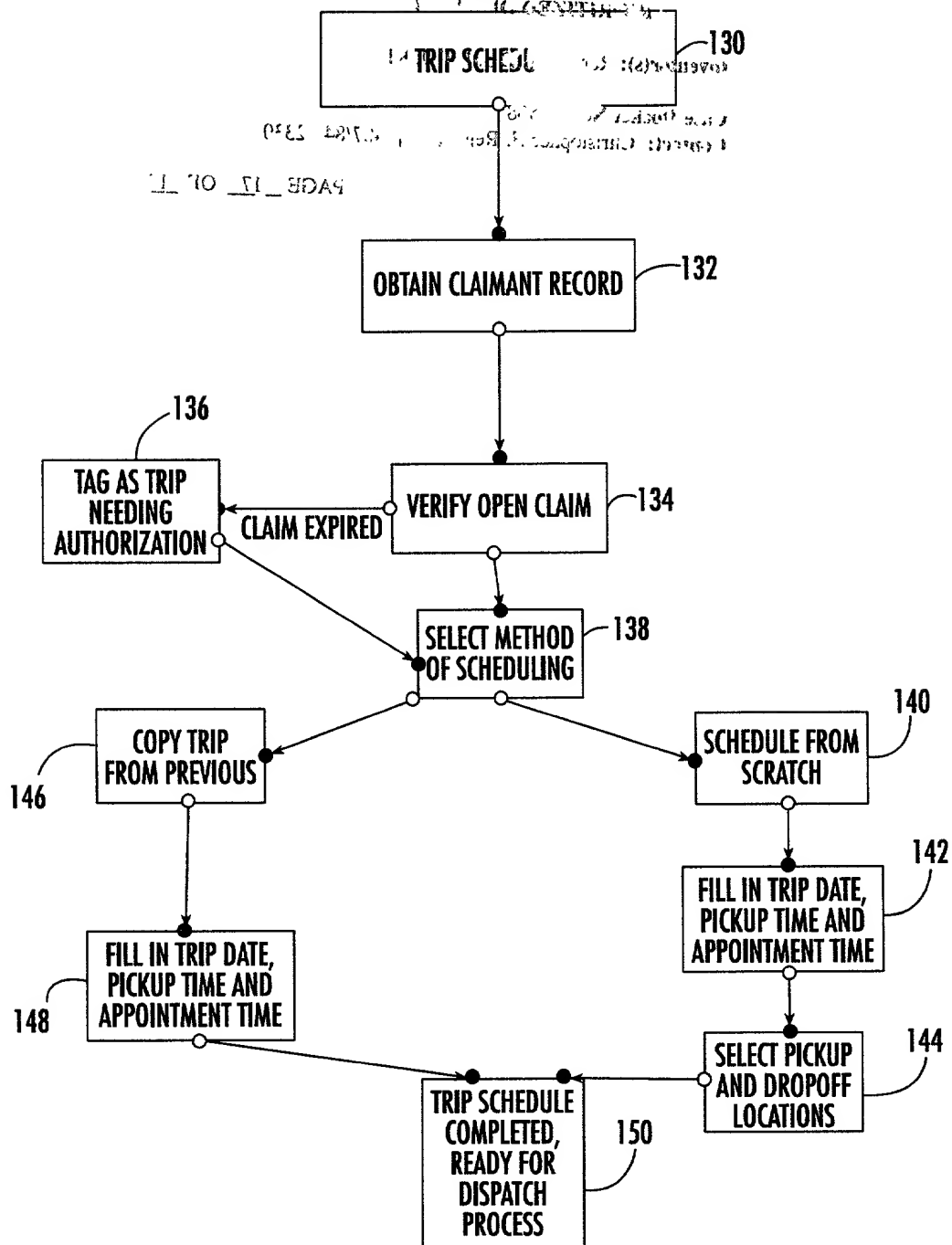


FIG. 18.

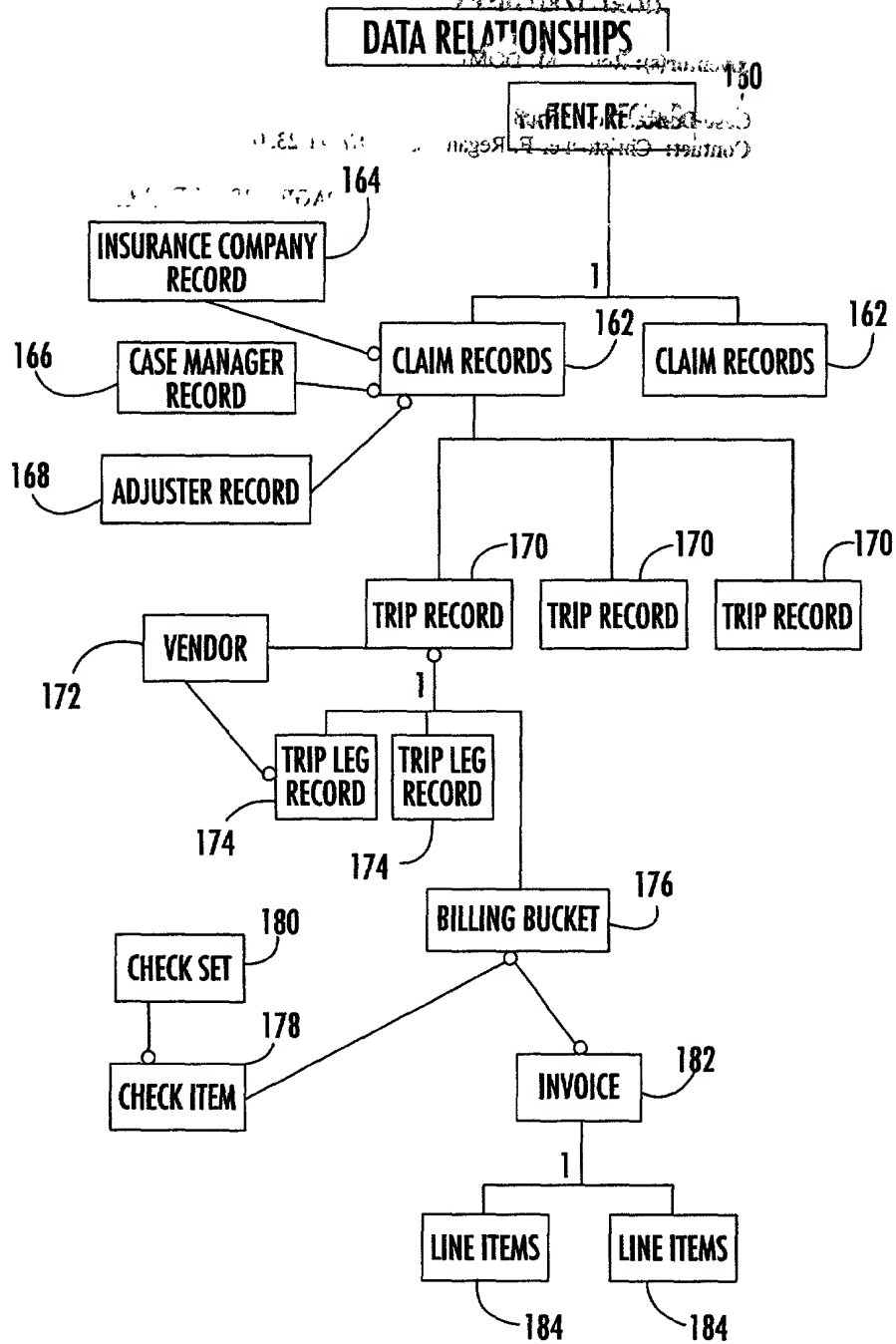


FIG. 19.